

**APPLICATION DATA SHEET****Application Information**

Application number::

Filing Date::

Application Type:: Regular

Subject Matter:: Utility

Suggested classification::

Suggested Group Art Unit::

CD-ROM or CD-R?:: No

Number of CD disks::

Number of copies of CDs::

Sequence submission?:: No

Computer Readable Form (CRF)?:: No

Number of copies of CRF::

Title :: LOW-BACKSCATTER APERTURE

STRUCTURE

Attorney Docket Number:: 920070.407

Request for Early Publication?:: No

Request for Non-Publication?:: Yes

Suggested Drawing Figure::

Total Drawing Sheets:: 7

Small Entity?:: No

Petition included?:: No

Petition Type::

Licensed U.S. Gov't Agency::

Contract or Grant No::

Secrecy Order in Parent Appl.?:: No

**First Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Clarence  
Middle Name:: E.  
Family Name:: Rash  
Name Suffix::  
City of Residence:: Enterprise  
State or Province of Residence:: Alabama  
Country of Residence:: US  
Street of mailing address:: 110 Victoria Drive  
City of mailing address:: Enterprise  
State or Province of mailing address:: Alabama  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 36330

4.0  
FEE  
EFT  
TECHNIQUE

**Second Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: John  
Middle Name:: C.  
Family Name:: Mora  
Name Suffix::  
City of Residence::  
State or Province of Residence:: North Dakota  
Country of Residence:: US  
Street of mailing address:: Box 577  
City of mailing address:: Fort Rucker  
State or Province of mailing address:: Alabama  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 36362

**Correspondence Information**

Correspondence Customer Number :: **30465**

**Representative Information**

Representative Customer Number::		<b>30465</b>
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**Domestic Priority Information**

Application ::	Continuity Type::	Parent Application::	Parent Filing Date::

**Foreign Priority Information**

Country::	Application number::	Filing Date::	Priority Claimed::

**Assignee Information**

Assignee name::	U.S. Army Medical Research and Materiel Command
Street of mailing address::	504 Scott Street
City of mailing address::	Fort Detrick
State or Province of mailing address::	Maryland
Country of mailing address::	US
Postal or Zip Code of mailing address::	21707-5012